

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/576489		FILING DATE				
							APPLICANT(S)						
CLAIMS													
①	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1	↓	1	↓	0	↓							
TOTAL DEP.	6	←	5	←	0	←							
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TOTAL IND.	0	↓	0	↓	0	↓							
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TOTAL CLAIMS	0		0		0								